

To Be Completed by Donating Employee (Donor)

Name _____
first last

Life # _____ **Extension** _____

Hours _____
*number of vacation hours
 you are donating*

Four (4) hours will be the minimum initial amount an employee donor can donate with a maximum of no more than 50% of their current accrued vacation time at time of donation. Thereafter, contributions can be made in four (4) hour increments and a new form must be completed and submitted to Payroll.

Name _____
first last

Department _____

- I authorize the transfer of the above stated vacation hours to the Recipient indicated above and understand this donation shall be anonymous and subtracted from my account immediately upon confirmation from Payroll.
- I understand this is voluntary and that any hours unused by the Recipient will be forfeited at the earlier of either (1) the end of the 12-month rolling period or (2) the medical emergency ends.
- I acknowledge that I have not been directly or indirectly promised any benefit by any employee or been intimidated, threatened, or coerced for the purpose of donating vacation hours.

Donor's Signature _____ **Date** _____

**PLEASE SUBMIT THIS FORM TO THE PAYROLL OFFICE (BLDG. 400D),
ATTN: PAYROLL MANAGER**